

Michigan Online Application for Individual Producer Insurance License

Personal Information

*** = Required**

Social Security Number *		If assigned, National Producer Number (NP#)		If applicable, NASD Individual Central Registration Depository (CRD) Number	
Are you affiliated with a financial institution/bank? *		Financial institution/bank FEIN		Name	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Name *		JR./SR. etc	First Name *		Date of Birth (MM-DD-YYYY) *
Residence/Home Address (Physical Street)				Home Address (Line Two)	
City		State or Province	Zip		Home Country
Home Phone Number (No dashes)		Gender *		Are you a U.S. Citizen? *	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				If No, of which country are you a citizen? (You must supply work authorization)	

Business Information

*** = Required**

Employer's Name				
Business Address (Physical Street)			Business Address (Line Two)	
City		State or Province	Zip	Business Country
Business Phone Number	Extension	Business Fax Number	Business E-Mail Address	Business Web Site Address
Mailing Address (Line One) *			Mailing Address (Line Two)	
City *		State or Province	Zip *	Mailing Country *

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List any name(s) under which you are doing business.

Agency or Business Entity Affiliations

List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity.)

FEIN	NP#	Name of Agency

Employment History

Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Employer Name	City	State
Position Held	From Month Year	To Month Year

Employer Name	City	State
Position Held	From Month Year	To Month Year

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Position Held	From Month Year	To Month Year

Employer Name	City	State
Position Held	From Month Year	To Month Year

Type of License Requested

Are you applying for a Resident or a non-Resident License?

Check the box in front of the license type(s) and the boxes under the line(s) of authority for which you are applying.

License Type	Lines of Authority Requested							
	Life	Accident & Health	Property	Casualty	Title	Personal Lines	Credit Products	Limited Lines Property Casualty
Producer								
Fraternal Producer								
Surplus Lines Producer								

*** = Required**

Background Information

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

- * 1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?

Yes

No

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer **yes**, you must submit these required attachments with your payment:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document that demonstrates the resolution of the charges or any final judgment.

*** = Required**

Background Information (continued)

- * 2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?

Yes

No

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license.

“Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer **yes**, you must submit these required attachments with your payment:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document that demonstrates the resolution of the charges or any final judgment.

*** = Required**

Background Information (continued)

- * 3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?

Yes

No

If you answer **yes**, submit these required attachments with your payment: a statement summarizing the details of the indebtedness arrangements for repayment; schedules D,E, and F; and discharge summary if applicable.

- * 4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

Yes

No

If you answer **yes**, identify the jurisdiction(s):

*** = Required**

Background Information (continued)

- * 5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes

No

If you answer **yes**, you must submit these required attachments with your payment:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

- * 6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes

No

If you answer **yes**, you must submit these required attachments with your payment:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

Background Information (continued)

*** = Required**

- * 7. Do you have a child support obligation in arrearage?

Yes

No

If you answer **yes**, by how many months are you in arrearage? Months

- * 8. Are you the subject of a child support related subpoena or warrant?

Yes

No

- * 9. Were you previously licensed as a Resident Producer in a state/province other than Michigan?

Yes

No

If you answered **yes**, identify the last state/province where you were licensed as a Resident Producer:

- * 10. Are you currently employed by, do you own stock in, or are you an officer or director of, or are you in any other manner connected with a funeral establishment, mortuary or cemetery?

Yes

No

*** = Required**

Applicant's Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I have read the instructions and material stated on this form and hereby attest that I am in compliance with all requirements and regulations referenced therein.

Month Day Year

Authorized by PA 218 of 1956 as amended. Failure to properly complete this application may result in a rejection of your application, or a compliance action including revocation, against any Michigan licenses issued to you by the Office of Financial and Insurance Services.